

# Venereal Disease Campaign in Colorado —A Model for Community Action—

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NO HEALTH EDUCATION PROGRAM can be truly effective if the community is not involved in it. Community planning and organization, using local talents, interest, and expertise, are an essential part of the venereal disease educational programing of the Colorado Department of Health.

Early in 1971, however, a great deal was lacking in both organized community resources and basic awareness of the venereal disease problem in the five-county Denver metropolitan area. But, with stimulus from a group of graduate students at the University of Denver's School of Mass Communications, a 6-week information campaign was jointly undertaken by the university and the Colorado Department of Health. The campaign was conducted on a broad scale, and if the State health department had had to bear all program costs, reasonable estimates indicate that the expenditure would have been several hundred thousand dollars.

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## Background

Colorado's population is a little more than 2 million. In 1970 the Colorado Department of Health received reports of 6,073 cases of venereal disease; 5,782 of these were gonorrhea, 272 were syphilis, and 19 were other venereal diseases. These figures represent an increase in venereal disease cases of 32 percent over 1969 and 80 percent over the 5-year period 1966-70.

Since only about 1 in 10 cases of venereal disease is reported to public health officials (1,2), it is quite likely that 60,000 or more people in Colorado were infected with some type of venereal disease in 1970.

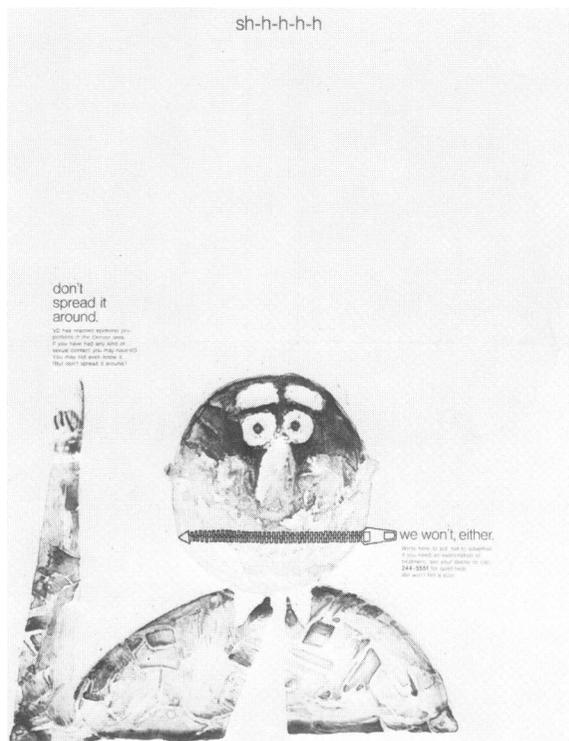
To create public awareness of the enormity of the problem, the chief of the health education section of the Colorado Department of Health committed half of Mrs. Taylor's time to VD information and education.

During a 9-month period before the campaign, meetings, consultations, training, and orientation sessions were held with more than 4,500 people. Included were "susceptibles" (our major target group—those aged 15-25 years); education associations, teachers, school administrators, parents, and service organizations.

Early in the spring of 1971 Mrs. Taylor was invited to speak to members of a graduate course in "Mass Media and the Social Environment" at the University of Denver. The class members were investigating major social problems around which to develop a community campaign, and they decided on the venereal diseases.

The class members did extensive groundwork before developing their plan of action, including interviews with students, public health professionals, physicians, and teachers. They asked the students how they felt and what they knew about venereal disease. They also asked the students whether they would prefer to hear their peers or knowledgeable adults making radio or television announcements about venereal disease. The students preferred the adults with the necessary credibility.

Armed with the information obtained by the class members, Maj. Lawrence Means, an Air Force Academy information officer on academic leave, and Denver University co-ed J. Anne Edwards, also a graduate student, asked the Colorado Department of Health for official endorsement and technical assistance for their campaign. Their request was granted by Dr. Roy L. Cleere,



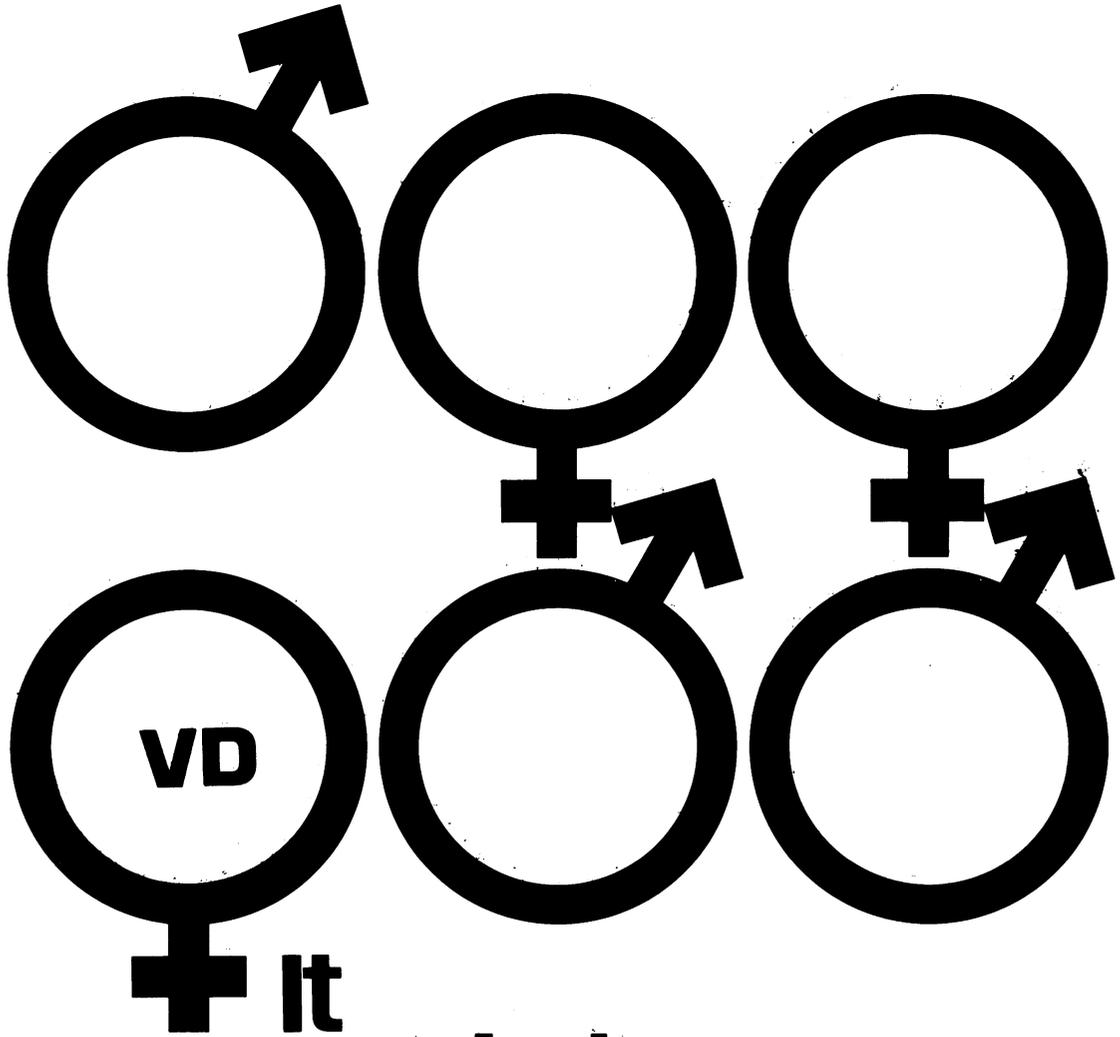
*Two of the 12 posters created by volunteers for the venereal disease campaign in Colorado*

executive director of the department. Thus, our agency became the coordinator of the campaign, prepared and kept detailed records of pertinent information, and handled requests for speakers and materials.

## Development of the Campaign

Information for use by the mass media was geared specifically to the age group 15-25 years. Radio and television announcements and news releases were written by the graduate class and checked by Frye-Sills Advertising, Inc., the commercial agency which coordinated all media aspects of the campaign. The advertising agency also contacted printers and artists, who volunteered talent and services to create 12 posters for the campaign. Local and out-of-State printers printed 13,000 posters without charge. Professional radio and television production, time, talent, studios, recording and sound equipment, music, and video tapes also were donated. The radio and television stations agreed to run a minimum of about 12 spot announcements daily. Some ran more.

Personnel of the State and local health depart-



# It travels in the best circles

If you're 15 to 25, chances are strong that you have VD.  
If you're a girl\*, you might have it and not know it!

If you've had sexual contact, play safe; see your doctor  
(he'll be discreet)

You'll feel better if you *know* you *don't* have it.  
If you do have VD treatment is fast, effective and painless.

call **244-5551** in Denver

\*In 90% of girls and women, symptoms of some forms of VD do not appear. Examination is the *only* way to find out.

ments informed school superintendents by telephone and letter of the upcoming campaign and asked them to contact their local principals for permission to place posters in junior and senior high schools. The State health department provided written background on venereal disease for the schools. Members of the Denver Chamber of Commerce and the Denver Health Department handled distribution of posters to schools, and Davis Brothers Drug Wholesalers handled the distribution of posters to drugstores in the five-county metropolitan area.

After everything was ready for the media and the campaign was set to roll in less than 3 weeks, we realized we had not planned for several vital components of an effective program: treatment facilities, the participation and cooperation of official medical societies and private physicians, and a central information telephone number.

These oversights were corrected as follows:

1. We held several meetings at the State health department with representatives of the Colorado and Denver Medical Societies and outlined the problems and program. We requested assistance in the form of (a) medical society endorsement of the campaign and (b) notification of private physicians by a special letter from the medical society informing them of the campaign and asking them to set aside a number of office hours weekly to see possibly infected patients; 26 physicians and a private clinic (the Denver Clinic) agreed to do so.

2. Dr. Cleere, Major Means, and Dr. John Cobb of the University of Colorado Medical School visited Gov. John A. Love to request emergency funding for a new clinic at Colorado General Hospital. At that time, only one official public health VD clinic existed, that at Denver General Hospital. In addition, there were two voluntary clinics, one in Denver and one in the university city of Boulder (People's Clinic). The Governor immediately provided funds for a new facility at Colorado General Hospital, and the clinic opened under the direction of Dr. Peter E. Dans.

3. The United Way Department of Community Services volunteered office space and its telephone number. This number was inserted on all posters and mentioned in all radio and television announcements and news stories, and it became a "household word" in the metropolitan area.

4. Response to a request for volunteers to man

telephones came from people representing the following organizations: Denver County Court, National Secretaries Association, local colleges, Colorado Office of Comprehensive Health Planning, and the Colorado Department of Health. Volunteers were trained jointly by the staffs of the State health department and the United Way. They were given fact sheets, record forms, lists of clinics, and names and addresses of private physicians. Telephones were manned daily from 9 am to 7 pm.

5. Local health departments referred patients to the VD clinics, publicized the campaign, and answered requests for information. They also supported our program planning.

### Immediate Results

From May 3 to June 16, 1971, 1,632 patients were seen at the clinics, and 436 were found to be infected. Of 693 patients seen at the Denver General Hospital, 199 were known to have come as a direct result of the campaign. The number of patients seen at the various facilities and their disposition were as follows:

<i>Clinics</i>	<i>Number</i>
<b>Denver General Hospital:</b>	
Number patients seen .....	693
Number patients treated .....	118
Gonorrhea .....	115
Syphilis .....	3
Average visits per clinic .....	27
<b>Colorado General Hospital, Denver:</b>	
Number patients seen .....	394
Number patients treated .....	190
Gonorrhea .....	66
Syphilis, positive tests .....	5
Syphilis, positive by VDRL test or latent .....	7
Nonspecific urethritis .....	52
Trichomoniasis, moniliasis, or other .....	60
Number patients referred elsewhere .....	15
Average visits per clinic .....	31-35
<b>Millett Clinic:</b>	
Number patients seen .....	195
Number patients treated .....	195
Gonorrhea .....	170
Other diseases .....	25
Average visits per clinic .....	10-11
<b>People's Clinic:</b>	
Number patients seen .....	350
Number patients treated, gonorrhea .....	70
Average visits per clinic .....	12.6
<b>All clinics:</b>	
Total patients seen .....	1,632
Total patients treated .....	436
Gonorrhea .....	421
Syphilis .....	15
Percent patients seen with venereal disease ...	26.1

All patients seen at the Colorado General Hospital were, of course, "new" patients because the clinic was new. Other services were also available

to these patients at the hospital, such as emergency room, dermatology, family planning, and other clinic services.

Denver General Hospital documented 28 percent more patients in 1971 than for the same 6 weeks in 1970, and noted that more than one-third of the patients came as a direct result of the campaign. Also documented and traceable to the campaign was a noticeable increase in the number of middle-aged men who came for examination.

A 50 percent return on 400 questionnaires subsequently sent by the Colorado Department of Health to 400 private physicians showed that 200 respondents saw a total of 113 "new" patients and treated a total of 244—234 for gonorrhea and 10 for syphilis. Further, the United Way received 2,733 telephone calls during the 6 weeks, and 225 (73 percent) of the pharmacies in the five-county metropolitan area displayed posters.

### Long-Term Results

- The Governor's office and the State legislature provided money for VD control activities, thus giving top priority to the problem. Additional monies were also authorized for funding of the new clinic at Colorado General Hospital and have been continued to date.
  - The State's public health VD clinics extended their pre-campaign 18 hours weekly to 66 hours per week. In all, there are now five public-health-supported clinics and three voluntary ones. The public health clinic at Colorado General Hospital and two voluntary clinics also have night hours.
  - The University of Colorado's Denver Center, in conjunction with the Colorado Department of Health, began a graduate credit course in VD education. Co-sponsors were the University of Colorado Medical Center and the Colorado Education Association. The purpose of the course is to re-educate teachers, school nurses, counselors, and others so that VD education may be incorporated into ongoing high school and college courses. Since this initial course, three other universities have joined in the effort. The four universities are cross-crediting a graduate course in VD education. To date, nearly 1,000 teachers have been trained. The course has been approved by the Colorado Department of Education and the Colorado Commission on Higher Education.
- In addition to the graduate course, the Colorado Department of Health's health education section is maintaining its ongoing program of inservice VD education to teachers and community groups.
  - Ten regional laboratories are now culturing specimens for presence of gonorrhea in females, and local medical societies are now contracting with the Colorado Department of Health for supplies of culture media and for training in its use.
  - A Venereal Disease Task Force, organized by the State health department, formed two subcommittees, one for professional medical education and one for parent-teacher information and education. The task force is an action group, rather than merely a planning group, and it is comprised of people outside the State health department who represent professional and community groups.
  - Several radio and television stations continue to run updated announcements and others have recorded half-hour interview programs on VD problems.
  - More than 100 telephone calls a week still come to the United Way line.
  - Local county health departments within the metropolitan area are planning cooperative programs in VD control.
  - In April 1973, a comprehensive VD education program was initiated and carried out in Pueblo, a city about 100 miles south of Denver with a population of approximately 100,000. This second major effort involved more than 30 community agencies and more than 200 local volunteers.
  - Campaign posters have been requested by every State in the Union, as well as by the Center for Disease Control.
  - Mrs. Taylor was invited to be a consultant on in-depth VD education and information by the Department of Health and Social Development in Manitoba, Canada.
  - Federal funds were made available early in 1973, which enabled the Colorado Department of Health to hire two additional health educators for VD control activities.

### Comment

From our experience with this campaign, we learned a number of important things.

We confirmed once again that "official agen-

cies" cannot work in a vacuum. In order to provide services to the public, it is imperative to involve the community. The community-at-large is ready, willing, and able to respond to community health problems when it becomes aware of these problems; it needs only to be asked for help. Estimates are that without the support of the community the campaign could have cost the Colorado Department of Health many thousands of dollars—for air time, professional radio and television personnel, copywriters, distribution of posters, telephones, office space, secretarial help, forms, and people to man telephones.

The concern and involvement of interested people in the community can improve existing programs in public health and can help to effectively create new ones.

Thoughtfully planned creative awareness programs often help large segments of the general public to perceive certain health problems, such as venereal disease, as important to them, and they will respond selectively by telephoning for information and by using available facilities.

Organized education is willing to begin incorporating venereal disease education into the curriculum when made aware of this need. The medical community will also provide extra services when necessary and will cooperate with the health, academic, and business communities. And the State legislature can respond rapidly to crisis when the nature of the crisis is clearly and rationally presented.

## Conclusion

The problems of venereal disease and its control are now highly visible throughout Colorado. The interest, concern, and involvement of laymen in the education and casefinding campaign stimulated the interest of health and medical professionals. As a result of this interest, laboratory support for culturing gonorrheal specimens from females is now being provided in local and regional laboratories. Individual physicians are learning the new culture techniques and are using them in their offices. The campaign also helped to identify program deficiencies.

Certainly the 6-week campaign did not solve all the problems of venereal disease control in the Denver area. However, it reaffirmed that the involvement of resources outside of officialdom can provide the impetus for action needed by official agencies.

We are satisfied that further efforts toward education and control of venereal diseases and other programs in public health might well be modeled after the program described here.

## Summary

With impetus from a graduate class in mass communications at the University of Denver, the Colorado Department of Health sponsored a mass media venereal disease education campaign in the five-county Denver metropolitan area. The campaign ran for 6 weeks, beginning May 3, 1971, with radio and television stations airing a minimum of 12 spot announcements daily.

The United Way Department of Community Services provided its telephone number to be used in all spot announcements and on 13 different posters specifically developed for the Denver campaign.

Major results of the campaign were as follows. A venereal disease clinic was opened at Colorado General Hospital, which is connected with the University of Colorado Medical School. From May 3 to June 16, 1971, a total of 1,632 patients were seen at local clinics, and 436 were found to be infected. The United Way received 2,733 telephone calls, and 255 pharmacies (73 percent) in the five-county area displayed posters, as did many junior and senior high schools. The State's public health clinics extended their pre-campaign 18 hours weekly to the present 66 hours per week. To date 10 regional laboratories have been officially approved by the Colorado Department of Health for gonorrhea screening activities.

Additionally, four universities in the State are cross-crediting a graduate course in venereal disease education for teachers, counselors, school nurses, and others desiring graduate credit. To date, nearly 1,000 teachers have been trained. The course has been approved by the Colorado Department of Education and the Colorado Commission of Higher Education.

## REFERENCES

- (1) Cleere, R. L., et al.: Physicians' attitudes toward venereal disease reporting. *JAMA* 202: 941-946, Dec. 4, 1967.
- (2) Fleming, W. L., Brown, W. J., Donohue, J. F., and Branigin, P. W.: National survey of venereal disease treated by physicians in 1968. *JAMA* 211: 1827-1830, Mar. 16, 1970.